

CT
ORIGINAL
IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

FILED
U.S. DISTRICT COURT
NORTHERN DISTRICT OF TX
NOV 10 2005 11:21 AM
CLERK'S OFFICE

PETER ONYEBUCHI,

Plaintiff

)

Vs.

)

4-05 CV-710-A

Civil Action No.

CAPITAL ONE SERVICES, INC.,

Defendant

)

PLAINTIFF'S ORIGINAL COMPLAINT

TO THE HONORABLE JUDGE OF SAID COURT:

Now comes Peter Onyebuchi, Plaintiff, complaining Capital One Services, Inc., Defendant, and makes and files this his Plaintiff's Original Petition, and for complaint and cause of action, would show the Court the following:

I.

Plaintiff is a resident of 2111 Washington Circle, #224, Arlington, Tarrant County, Texas, 76011. Defendant Capital One Services, Inc. may be served with citation herein by serving its Agent for Service: Corporation Service Company at 701 Brazos Street, #1050, Austin, TX 78701, or by serving the Secretary of State, State of Texas. The cause of action arose in Tarrant County, Texas. Discovery is intended to be conducted under Level 2 of Rule 190 of the Federal Rules of Civil Procedure.

II.

Plaintiff bought from Defendant and monthly paid Defendant payment protection (Payment Protection) to pay his credit card debts, namely his "Capital One Visa Gold Card" Account Number 4388-6420-6561-8699 in the event Plaintiff was laid off of his regular

employment. Plaintiff thus became and is a "Payment Protection" beneficiary. Thereafter, Plaintiff was laid off of his regular employment on or about February 20, 2003, and Plaintiff duly and timely notified Defendant thereof, in February 2003; whereupon, Defendant, thereafter on or before April 5, 2003, failed and/or refused to make the monthly payment due on Plaintiff's said Visa Gold credit card under said "Payment Protection" on which Plaintiff had been making monthly payments each and every month from July 15, 2002, until March 5, 2003, which provided that said "Payment Protection" would, after notification of non-voluntary termination of employment, make the minimum monthly payments and "Protection Plan" payments due on said Visa Gold credit card, and on or before May 6, 2003, Defendant, without justification, since Defendant was negligent in failing to make the required payments on said credit card, increased Plaintiff's interest rate on Plaintiff's said Visa Gold credit card from 10.90% on purchases and cash to 20.65%, being a rate constituting a usurious rate of interest in violation of the Texas Constitution, and without justification, since Plaintiff was then covered by said Defendant's "Payment Protection" program which was current at the time, Plaintiff was not in default on any Capital One Card Agreement, Plaintiff did not fail to make a payment to Defendant or any other creditor when due, Plaintiff had terminated the \$6 "membership fee" on or before February 5, 2003, and thus did not exceed his credit line as of that date, and Plaintiff did not make any payment to the Defendant that was not honored by Plaintiff's bank, Defendant's said action resulted in damage to Plaintiff in increased interest and increased balances on his credit card accounts on which the increased interest was charged to Plaintiff's account to Plaintiff's damage in a sum within the jurisdictional limits of this Court. Said damages are continuous and ongoing until paid during the pendency of this suit.

III.

Defendant fraudulently added back the "membership fee" to Plaintiff's account in December 2002, after misrepresenting that same was permanently removed in August 2002 and concealed that re-installation of that membership fee without informing Plaintiff and without Plaintiff's authority or consent and without disclosing to Plaintiff what that fee was for, all of which resulted in Plaintiff's damage. Under Section 1681n of 15 USC (a), any person who willfully fails to comply with any requirement imposed under this title with respect to any consumer is liable to that consumer in an amount equal to the sum of:

- (1) any actual damages sustained by the consumer (Plaintiff herein) as a result of the failure, or damages of not less than \$100 and not more than \$1,000...;
- (2) such amount of punitive damages as the Court may allow; and
- (3) in the case of any successful action to enforce any liability under this section, the costs of the action together with reasonable attorney's fees as determined by the Court.

Defendant's said acts (which continued for several months) were willful noncompliance with said Act and knowledgeable and intentional commitment in conscious disregard for Plaintiff's rights.

The "over limit fee" was wrongfully charged to his account, the "past due fee" was wrongfully charged to Defendant's account (see Exhibits attached), and resulting wrongful and fraudulent notification by Defendant of the false information to National credit bureaus (see 5-page attachment to Exhibit "A" by CSC Credit Services) that Plaintiff was late and over the limit on his account resulted in Plaintiff being denied employment (see Exhibit "A" letter from U.S. Small Business Administration, attached) because of such false credit reporting, and Plaintiff was, as a

direct result, denied credit (see Exhibit "B" Bank of America Credit Operations, Card Services, attached), to Plaintiff's damage in loss of employment and wages and loss of credit.

IV.

Defendant violated the Consumer Protection Act, 15 USC Sec. 1681m, in that Defendant took adverse action in connection with insurance (namely the credit protection insurance charged to Plaintiff) in denying cancelling or increasing in price or reducing or changing adversely the terms or amount of insurance and transmitting inaccurate information about Plaintiff to a credit reporting agency, even though an affiliate or commonly-owned entity may have had a role in establishing decision-making process and may have provided information or set policies, guidelines and standards that led to taking of adverse action, Fair Credit Reporting Act, 15 U.S.C. Sects. 1681, et seq., which only requires person who takes adverse action to notify the consumer and provides that consumers be protected from transmission of inaccurate information about them. Rasilov v. Nationwide Mut. Ins. Co. (DC Or, 2003), 242 F Supp 2nd 977, judgment entered (DE Or, 2004) 2004 US Dist LEXIS 10964.

V.

As a result of the overcharges by Defendant to Plaintiff and violation by Defendant of the "Truth in Lending Act", as supplemented by the "Fair Credit Billing Act" and the Fair Credit and Charge Card Disclosure Act of 1988, as amended, 15 U.S.C. 1601-1667 (See The Truth in Lending Act, as supplemented by the Fair Credit Billing Act, 15 U.S.C. 1601-1667, requiring disclosure of credit terms to the consumer and prohibiting inaccurate or unfair credit billing and credit card practices) Plaintiff was damaged not only by the un-ordered and un-disclosed "membership fees" added to his account, but also by overcharges for "past due fees" and "over

limit fees" added to his account as a result of the addition of said undisclosed "membership fees" ("monthly member fees") to his account, and by defamation of his credit by reporting false information as to his credit to a credit reporting agency.

VI.

Some of the damages to Plaintiff by Defendant for which Plaintiff prays judgment herein resulted from the following:

1. Defendant has breached their contract with Plaintiff.
2. Defendant has fraudulently and without justification taken unconscionable action and increased and facilitated the increase on Plaintiff's interest rate on his said credit card and continues to add unjustified interest charges to Plaintiff's account on said Visa Gold credit card.
3. Defendant has represented goods or services of a particular standard that were of another and engaged in violations of the Texas Deceptive Trade Practice Act.
4. Defendant has violated the Texas usury statute regarding this Plaintiff.
5. Defendant has violated the Privacy Act by turning in false information about Plaintiff's credit and/or finances to credit reporting agencies.
6. Defendant has slandered Plaintiff's credit, in violation of the "Consumer Protection Act", 15 USC Sect. 1681m and "Truth in Lending Act" as supplemented by the "Fair Credit Billing Act" and "Fair Credit and Charge Card Disclosure Act of 1988, as amended 15 USC 1601-1667, and Plaintiff is entitled to and prays for multiple damages under said acts, for the damage Defendant has caused Plaintiff as described herein and in Paragraph II above.

VII.

As a direct result of Defendant's false reporting regarding Plaintiff's credit, Plaintiff has been damaged by loss of his credit and by inability to gain employment as shown by Exhibits "A" and "B" attached, to Plaintiff's damage in the sum of \$150,000.00 or more, to be determined by jury. Defendant has violated the "Consumer Protection Act", 15 USC Sect. 1681m, the "Fair Credit Reporting Act", 15 USC Sects. 1681, et seq., and the "Truth in Lending Act" as supplemented by the "Fair Credit Billing Act" and "Fair Credit and Charge Card Disclosure Act of 1988, as amended 15 USC 1601-1667, to Plaintiff's damage, for which Plaintiff prays judgment of the Court for his resulting damages.

VIII.

Plaintiff also prays for exemplary damages in a sum to be determined by the Court.

IX.

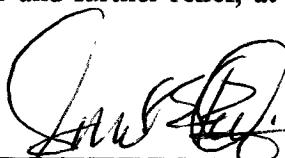
Plaintiff is entitled to and prays for pre-judgment interest and post-judgment interest on his damages as stated above and as determined by the Court.

X.

Plaintiff respectfully demands a jury trial on all violations alleged under Section 1681m of 15 USC, 15 USC Sect. 1601-1667, and as described in 15 USC through Section 1681m of this Complaint.

WHEREFORE, premises considered,, Plaintiff prays that Defendant be cited to appear and answer, that Plaintiff be granted judgment against Defendant for his damages in a sum, within the jurisdictional limits of this Court, and, in addition to his actual damages, exemplary damages in a sum as the Court may determine, that the usurious credit card accounts with Defendant and

debts thereon be canceled and held for naught, for exemplary damages and pre-judgment interest and post judgment interest, and costs of Court, and for such other and further relief, at law or in equity, to which Plaintiff may show himself justly entitled.



Peter Onyebuchi
2111 Washington Circle, #224
Arlington, TX 76006
Phone: 817-235-9047
Plaintiff

INDEX TO EXHIBITS FOR PLAINTIFF:

TAB EXHIBIT:

1. U.S. SMALL BUSINES ADMINISTRATION- Lost of Employment. "A"
2. BANK OF AMERICA- CREDIT DENIAL "B"
3. H & R BLOCK- Last pay check- Laid Off "C"
4. H & R BLOCK – Verification Of Employment "D"
5. CAPITAL ONE PAYMENT PROTECTION PLAN "E"
6. CAPITAL ONE "MEMBERSHIP FEE ADJUSTMENT- AUGUST-SEPT 2002.REMOVAL "F" Statement
7. CAPITAL ONE "MEMBERSHIP FEE" Fraudently/Concealed, Misrepresenation. Re-installation December 2002 "G".Statement
8. CAPITAL ONE "MEMBERSHIP FEE" FEB/MARCH 2003 Fraudently/Concealed.Statement, Misrepresentation. "H"
9. CAPITAL ONE "MEMBERSHIP FEE" March/April 2003 Frauduly/Concealed,Misrepresentation. Statement. "I"
10. CAPITAL ONE "MEMBERSHIP FEE" May/June, 2003, Frauduly/Concealed. Statement,Misrepresentation. "J"
11. CAPITAL ONE "MEMBERSHIP FEE" June/July, 2003, Frauduly/Concealed ,Misrepresentation. Statement. "K"
12. CAPITAL ONE "MEMBERSHIP FEE" August/Sept, 2003. Frauduly/Concealed. Statement.Misrepresenataion "L"

THE STATE OF TEXAS

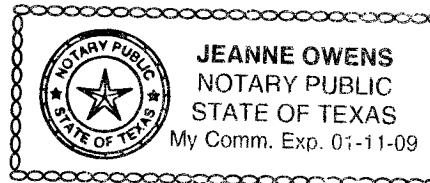
COUNTY OF TARRANT

BEFORE ME appeared this day Peter Onybuchi, known to me, and being by me duly sworn deposed and said: I, Peter Onybuchi, am the Plaintiff in the above and foregoing pleading; I have read said pleading, and the statements of fact therein contained are true and correct.


Peter Onybuchi, Plaintiff.

SWORN TO AND SUBSCRIBED before me by Peter Onybuchi this 9th day of
Nov., 2005, to certify which witness my hand and seal of office.


Jeanne Owens
Notary Public, State of Texas.
My commission expires: 01-11-09
Printed name of Notary:

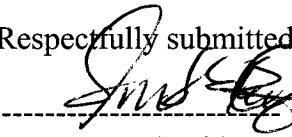


CERTIFICATE OF SERVICE.

This is to certify that a true copy of plaintiff's Certificate of interested parties has been served by 1st Class U.S. mail to Defendant Capital One Services, Inc.serving its Agent for Service: Corporation Service Company at 701 Brazos Street, #1050, Austin, Tx. 78701, or by serving the Secretary of State, State of Texas.

Respectfully submitted,

By:


Peter Onyebuchi
Plaintiff
2111 Washington Circle #224
Arlington, Texas 76011
Telephone: 817-303-8429



U.S. SMALL BUSINESS ADMINISTRATION

Disaster Assistance - Area 3
 14925 Kingsport Road
 Fort Worth, Texas 76155

(817)868-2300
 1(800)366-6303
 Hearing Impaired
 TDD (817)267-4688

September 16, 2005

Peter Onyebuchi
 2111 Washington Circle #224
 Arlington, TX 76011

Dear Mr. Onyebuchi:

Thank you for your recent application for employment with the Small Business Administration, Office of Disaster Assistance. When evaluating applicants, we consider a variety of factors: experience, education, interpersonal skills, and suitability for Federal employment. This last factor includes your credit history. In order to evaluate these factors, we rely on personal interviews, written applications, and credit reports. Those applicants who best meet our needs in these categories are the individuals to whom we offer employment.

We are unable to hire you for our position either solely or partially because of information contained in your credit report. Under the provisions of the Fair Credit Reporting Act (FCRA), we are attaching a copy of the credit report we used to make this determination. The name, address and phone number of the credit reporting agency (CRA) is listed on the credit report.

You may contact the CRA and request a free disclosure of your consumer file if you request the report within 60 days. You may dispute, directly with the CRA, the accuracy or completeness of any information on your credit report. Please be aware, however, that the CRA did not make the decision not to hire you and will not be able to explain such a decision. That decision, while based on information supplied by the CRA, was made by this office.

Included in your credit report is "A Summary of Your Rights Under the Fair Credit Reporting Act." You may reapply for employment with SBA if you can justify past adverse credit ratings and show successful efforts in improving your credit report. Thank you for your time and interest in employment with the Office of Disaster Assistance.

Sincerely,

A handwritten signature in black ink that appears to read "Jane Cooper".

Jane Cooper
 Human Resource Specialist

JC/st
 Enclosure

A

Exhibit "A"

B&E is a 15 year old ad specialty company that provides spirit items for high schools across the U.S. We are looking for energetic inside sales reps that possess an outgoing personality, great phone voice, and a strong work ethic.

Benefits include
Base pay starting at
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Hours Mon-Fri 8-4:30

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N. Arlington	Bedford
360 & Green Oaks	183 & Central
972-660-3090	817-438-9500

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Send Resumes to:
curtisg@richmondservice.com
Fax: 817.265.1772

Apply in person:
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or email to:
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Lending Experience preferred
Paralegals
Legal Assistants
Degree/Legal Experience
(\$29,000 - \$45,000)
To assist with Hurricane Relief
Full Time Temporary Positions
Compensated overtime/may travel
U. S. Small Business Administration
Fort Worth, TX 76155
Fax 817-684-5621 or Email: da3.hr@sba.gov
EOE / Veterans must submit DD-214

Inquiry Information:

Date of Inquiry: 09/09/2005
UserID: SLTALLEY

Subject Information: Name: Onyebuchi, Peter
SSN: 233-15-0675

Current Address: 2111 Washington CR, #224
Arlington, TX 76011

Report Results

PERSONA-FILE FOR EMPLOYMENT PURPOSES

* ADDRESS DISCREPANCY - A SUBSTANTIAL DIFFERENCE OCCURRED *

* 392 CSC CREDIT SERVICES, PO BOX 619044,
, DALLAS, TX, 75261-9044, 800/392-7816, WWW.CSCCREDIT.COM

*ONYEBUCHI, PETER,O SINCE 12/12/85 FAD 08/17/05 FN-606
PO,BOX 202518,, ARLINGTON, TX, 76006, CRT RPTD 10/04
SSS-233-15-0675
01 ES-SELF, PETE ENTERPRISES

*SUM-03/82-09/05, PR/OI-YES, FB-NO, ACCTS:11, HC\$124-32857, 9-ONES, 2-NINES.

***** PUBLIC RECORDS OR OTHER INFORMATION *****

02 08/05 COLL 04/03 667YC00000 FOR
AMT:\$165 BAL:\$165 UNPAID DLA:05/02, I,846261
MEDICAL

*INQS-SW BELL 910UT12673 06/08/05 CRDT RSRCH 444ZB01138 05/24/05
RSKMGTVXR8 217FY26 03/29/05 CRDT RSRCH 444ZB01138 11/12/04
CRDT RSRCH 444ZB01138 05/10/04 SARMA-MTG 650ZB08960 04/05/04

* FIRM/ID CODE RPTD OPND H/C TRM BAL P/D CS MR ECOA ACCOUNT NUMBER
CITIBKSDNA*161BB5264 09/05 03/82 298 9955 6K+ R9 01 I
30(00)60(02)90+(08) 06/04-R5,05/04-R5,04/04-R5 DLA 10/02

CONSUMER DISPUTES THIS ACCOUNT INFORMATION

CHARGED OFF ACCOUNT

US DEPT ED*438ZZ10480 07/05 04/01 15K 20Y 14K 0 I 1 01 I
STUDENT LOAN - PAYMENT DEFERRED

US DEPT ED*438ZZ10480 07/05 11/99 33K 20Y 33K 0 I 1 01 I
STUDENT LOAN - PAYMENT DEFERRED

CAP 1 BANK*850BB1498 08/05 10/01 3094 3938 3K+ R9 I
30(02)60(02)90+(06) 05/04-R9,04/04-R4,03/04-R5 DLA 04/03

CHARGED OFF ACCOUNT

ACCOUNT CLOSED BY CREDIT GRANTOR

GRE TX SVC*682FC6850 11/99 01/98 5000 95M 0 I 1 19 I
CLOSED OR PAID ACCOUNT/ZERO BALANCE

Exhibit "A"

REFINANCED						
GRE TX SVC*682FC6850	11/99	01/98	5000	95M	0	I1 19 I
CLOSED OR PAID ACCOUNT/ZERO BALANCE						
REFINANCED						
SLMA LSCK 615FZ12848	07/04	04/97	204	0	I1 01 I	
CAP 1 BANK*850BB1498	12/01	01/01	124	10	R1 11 I	
CREDIT CARD						
SLMA LSCK *615FZ12848	04/99	04/97	5000	204	0	I1 01 I
ACCOUNT TRANSFERRED OR SOLD						
SLMA LSCK *615FZ12848	04/99	04/97	5000	204	0	I1 01 I
ACCOUNT TRANSFERRED OR SOLD						
BANK NYDE *458ON7965	08/97	03/82	3500	94	0	R1 14 I
ACCOUNT TRANSFERRED OR SOLD						
* MEMBER #	COMP. NAME	TELEPHONE		* MEMBER #	COMP. NAME	TELEPHONE
910UT12673	SW BELL	MAIL ONLY		217FY26	RSKMGTVXR8	800-5527801
161BB5264	CITIBKSDNA	800-5335600		438ZZ10480	US DEPT ED	MAIL ONLY
850BB1498	CAP 1 BANK	MAIL ONLY		682FC6850	GRE TX SVC	MAIL ONLY
615FZ12848	SLMA LSCK	MAIL ONLY		458ON7965	BANK NYDE	MAIL ONLY

PARA INFORMACION EN ESPANOL, VISITE WWW.FTC.GOV/CREDIT O ESCRIBE A LA FTC CONSUMER REPONSE CENTER, ROOM 130-A 600 PENNSYLVANIA AVE. N.W., WASHINGTON, D.C. 20580.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

THE FEDERAL FAIR CREDIT REPORTING ACT (FCRA) PROMOTES THE ACCURACY, FAIRNESS, AND PRIVACY OF INFORMATION IN THE FILES OF CONSUMER REPORTING AGENCIES. THERE ARE MANY TYPES OF CONSUMER REPORTING AGENCIES, INCLUDING CREDIT BUREAUS AND SPECIALTY AGENCIES (SUCH AS AGENCIES THAT SELL INFORMATION ABOUT CHECK WRITING HISTORIES, MEDICAL RECORDS, AND RENTAL HISTORY RECORDS). HERE IS A SUMMARY OF YOUR MAJOR RIGHTS UNDER THE FCRA. FOR MORE INFORMATION, INCLUDING INFORMATION ABOUT ADDITIONAL RIGHTS, GO TO WWW.FTC.GOV/CREDIT OR WRITE TO: CONSUMER RESPONSE CENTER, ROOM 130-A, FEDERAL TRADE COMMISSION, 600 PENNSYLVANIA AVE. N.W., WASHINGTON, D.C. 20580.

* YOU MUST BE TOLD IF INFORMATION IN YOUR FILE HAS BEEN USED AGAINST YOU.*

ANYONE WHO USES A CREDIT REPORT OR ANOTHER TYPE OF CONSUMER REPORT TO DENY YOUR APPLICATION FOR CREDIT, INSURANCE, OR EMPLOYMENT - OR TO TAKE ANOTHER ADVERSE ACTION AGAINST YOU - MUST TELL YOU, AND MUST GIVE YOU THE NAME, ADDRESS, AND PHONE NUMBER OF THE AGENCY THAT PROVIDED THE INFORMATION.

* YOU HAVE THE RIGHT TO KNOW WHAT IS IN YOUR FILE.*

YOU MAY REQUEST AND OBTAIN ALL THE INFORMATION ABOUT YOU IN THE FILES OF A CONSUMER REPORTING AGENCY (YOUR "FILE DISCLOSURE"). YOU WILL BE REQUIRED TO PROVIDE PROPER IDENTIFICATION, WHICH MAY INCLUDE YOUR SOCIAL SECURITY NUMBER. IN MANY CASES, THE DISCLOSURE WILL BE FREE. YOU ARE ENTITLED TO A FREE FILE DISCLOSURE IF:

- * A PERSON HAS TAKEN ADVERSE ACTION AGAINST YOU BECAUSE OF INFORMATION IN YOUR CREDIT REPORT
- * YOU ARE THE VICTIM OF IDENTITY THEFT AND PLACE A FRAUD ALERT IN YOUR FILE
- * YOUR FILE CONTAINS INACCURATE INFORMATION AS A RESULT OF FRAUD

Exhibit "A"

* YOU ARE ON PUBLIC ASSISTANCE
* YOU ARE UNEMPLOYED BUT EXPECT TO APPLY FOR EMPLOYMENT WITHIN 60 DAYS.
IN ADDITION, BY SEPTEMBER 2005 ALL CONSUMERS WILL BE ENTITLED TO ONE FREE
DISCLOSURE EVERY 12 MONTHS UPON REQUEST FROM EACH NATIONWIDE CREDIT BUREAU
AND FROM NATIONWIDE SPECIALTY CONSUMER REPORTING AGENCIES. SEE
WWW.FTC.GOV/CREDIT FOR ADDITIONAL INFORMATION.

* YOU HAVE THE RIGHT TO ASK FOR A CREDIT SCORE.*

CREDIT SCORES ARE NUMERICAL SUMMARIES OF YOUR CREDIT-WORTHINESS BASED ON
INFORMATION FROM CREDIT BUREAUS. YOU MAY REQUEST A CREDIT SCORE FROM CONSUMER
REPORTING AGENCIES THAT CREATE SCORES OR DISTRIBUTE SCORES USED IN RESIDENTIAL
REAL PROPERTY LOANS, BUT YOU WILL HAVE TO PAY FOR IT. IN SOME MORTGAGE
TRANSACTIONS, YOU WILL RECEIVE CREDIT SCORE INFORMATION FOR FREE FROM THE
MORTGAGE LENDER.

* YOU HAVE THE RIGHT TO DISPUTE INCOMPLETE OR INACCURATE INFORMATION.*

IF YOU IDENTIFY INFORMATION IN YOUR FILE THAT IS INCOMPLETE OR INACCURATE, AND
REPORT IT TO THE CONSUMER REPORTING AGENCY, THE AGENCY MUST INVESTIGATE UNLESS
YOUR DISPUTE IS FRIVOLOUS. SEE WWW.FTC.GOV/CREDIT FOR AN EXPLANATION OF

DISPUTE PROCEDURES.

* CONSUMER REPORTING AGENCIES MUST CORRECT OR DELETE INACCURATE, INCOMPLETE, OR
UNVERIFIABLE INFORMATION.*

INACCURATE, INCOMPLETE OR UNVERIFIABLE INFORMATION MUST BE REMOVED OR
CORRECTED, USUALLY WITHIN 30 DAYS. HOWEVER, A CONSUMER REPORTING AGENCY MAY
CONTINUE TO REPORT INFORMATION IT HAS VERIFIED AS ACCURATE.

* CONSUMER REPORTING AGENCIES MAY NOT REPORT OUTDATED NEGATIVE INFORMATION.*

IN MOST CASES, A CONSUMER REPORTING AGENCY MAY NOT REPORT NEGATIVE INFORMATION
THAT IS MORE THAN SEVEN YEARS OLD, OR BANKRUPTCIES THAT ARE MORE THAN 10 YEARS
OLD.

* ACCESS TO YOUR FILE IS LIMITED.*

A CONSUMER REPORTING AGENCY MAY PROVIDE INFORMATION ABOUT YOU ONLY TO PEOPLE
WITH A VALID NEED -- USUALLY TO CONSIDER AN APPLICATION WITH A CREDITOR,
INSURER, EMPLOYER, LANDLORD, OR OTHER BUSINESS. THE FCRA SPECIFIES THOSE WITH
A VALID NEED FOR ACCESS.

* YOU MUST GIVE YOUR CONSENT FOR REPORTS TO BE PROVIDED TO EMPLOYERS.*

A CONSUMER REPORTING AGENCY MAY NOT GIVE OUT INFORMATION ABOUT YOU TO YOUR
EMPLOYER, OR A POTENTIAL EMPLOYER, WITHOUT YOUR WRITTEN CONSENT GIVEN TO THE
EMPLOYER. WRITTEN CONSENT GENERALLY IS NOT REQUIRED IN THE TRUCKING INDUSTRY.
FOR MORE INFORMATION, GO TO WWW.FTC.GOV/CREDIT.

* YOU MAY LIMIT "PRESCREENED" OFFERS OF CREDIT AND INSURANCE YOU GET BASED ON

INFORMATION IN YOUR CREDIT REPORT.*

UNSOLOITED "PRESCREENED" OFFERS FOR CREDIT AND INSURANCE MUST INCLUDE A TOLL-FREE PHONE NUMBER YOU CAN CALL IF YOU CHOOSE TO REMOVE YOUR NAME AND ADDRESS FROM THE LISTS THESE OFFERS ARE BASED ON. YOU MAY OPT-OUT WITH THE NATIONWIDE CREDIT BUREAUS AT 1-888-5-OPTOUT (1-888-567-8688).

* YOU MAY SEEK DAMAGES FROM VIOLATORS.*

IF A CONSUMER REPORTING AGENCY, OR, IN SOME CASES, A USER OF CONSUMER REPORTS OR A FURNISHER OF INFORMATION TO A CONSUMER REPORTING AGENCY VIOLATES THE FCRA, YOU MAY BE ABLE TO SUE IN STATE OR FEDERAL COURT.

* IDENTITY THEFT VICTIMS AND ACTIVE DUTY MILITARY PERSONNEL HAVE ADDITIONAL RIGHTS.*

FOR MORE INFORMATION, VISIT WWW.FTC.GOV/CREDIT.

STATES MAY ENFORCE THE FCRA, AND MANY STATES HAVE THEIR OWN CONSUMER REPORTING LAWS. IN SOME CASES, YOU MAY HAVE MORE RIGHTS UNDER STATE LAW. FOR MORE INFORMATION, CONTACT YOUR STATE OR LOCAL CONSUMER PROTECTION AGENCY OR YOUR STATE ATTORNEY GENERAL. FEDERAL ENFORCERS ARE:

TYPE OF BUSINESS:	CONTACT:
CONSUMER REPORTING AGENCIES, CREDITORS, AND OTHERS NOT LISTED BELOW	FEDERAL TRADE COMMISSION: CONSUMER RESPONSE CENTER - FCRA WASHINGTON, DC 20580 * 1-877-382-4357
NATIONAL BANKS, FEDERAL BRANCHES /AGENCIES OF FOREIGN BANKS (WORD "NATIONAL" OR INITIALS "N.A." APPEAR IN OR AFTER BANK'S NAME)	OFFICE OF THE COMPTROLLER OF THE CURRENCY COMPLIANCE MANAGEMENT, MAIL STOP 6-6 WASHINGTON, DC 20219 * 800-613-6743
FEDERAL RESERVE SYSTEM MEMBER BANKS (EXCEPT NATIONAL BANKS, AND FEDERAL BRANCHES/AGENCIES OF FOREIGN BANKS)	FEDERAL RESERVE BOARD DIVISION OF CONSUMER - COMMUNITY AFFAIRS WASHINGTON, DC 20551 * 202-452-3693
SAVINGS ASSOCIATIONS AND FEDERALLY CHARTERED SAVINGS BANKS (WORD "FEDERAL" OR INITIALS "F.S.B." APPEAR IN FEDERAL INSTITUTION'S NAME)	OFFICE OF THRIFT SUPERVISION CONSUMER COMPLAINTS WASHINGTON, DC 20552 * 800-842-6929
FEDERAL CREDIT UNIONS (WORDS "FEDERAL CREDIT UNION" APPEAR IN INSTITUTION'S NAME)	NATIONAL CREDIT UNION ADMINISTRATION 1775 DUKE STREET ALEXANDRIA, VA 22314 * 703-519-4600
STATE-CHARTERED BANKS THAT ARE NOT MEMBERS OF THE FEDERAL RESERVE SYSTEM	FEDERAL DEPOSIT INSURANCE CORPORATION CONSUMER RESPONSE CENTER 2345 GRAND AVENUE, SUITE 100 KANSAS CITY, MISSOURI 64108-2638 * 1-877-275-3342
AIR, SURFACE, OR RAIL COMMON CARRIERS REGULATED BY FORMER CIVIL	DEPARTMENT OF TRANSPORTATION OFFICE OF FINANCIAL MANAGEMENT

Exhibit A

Report Results

Page 5 of 5

AERONAUTICS BOARD OR INTERSTATE
COMMERCE COMMISSION

WASHINGTON, DC 20590 * 202-366-1306

ACTIVITIES SUBJECT TO THE
PACKERS AND STOCKYARDS ACT, 1921

DEPARTMENT OF AGRICULTURE
OFFICE OF DEPUTY ADMINISTRATOR - GIPSA
WASHINGTON, DC 20250 * 202-720-7051

END OF REPORT EQUIFAX AND AFFILIATES - 09/09/05

FBI/HQ/DOJ

Paid training
Paid Vacation & Holidays
Group health & dental plan
401k

S. Arlington 360 & Mayfield 972-263-2118	Carrollton Midway & Trinity 469-537-5900
N. Arlington 360 & Green Oaks 972-660-3090	Bedford 183 & Central 817-438-9500

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Mechanical
Designers
Drafters
Project Engineers

ARK PROFESSIONALS

817.232.0707

FAX Resume to:

817.232.0844

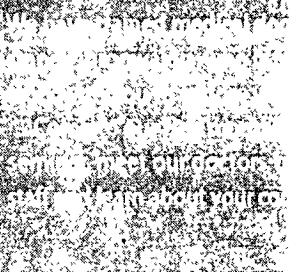
or email to:

rpuente@arkprofessional.com

Tired of the

PUT YOUR WORRIES TO REST
FREE MONTHLY EDUCATION
2ND TUESDAY OF EVERY MONTH

If you are suffering from chronic fatigue, you may be suffering from fibromyalgia. Other factors may be contributing to your condition: low thyroid, adrenal fatigue, undiagnosed chronic infections (such as Lyme and viral), and a compromised immune system.



FIBROMYALGIA
FATIGUE CENTER
Call toll-free 866.443.4273
www.fibroandfatigue.com



SBA Disaster Assistance Hiring Loan Officers

(\$38,000 - \$55,000)

Degree and/or Related Experience

Min. 1-3 yrs Mortgage or Commercial

Lending Experience preferred

Paralegals

Legal Assistants

Degree/Legal Experience

(\$29,000 - \$45,000)

To assist with Hurricane Relief

Full Time Temporary Positions

Compensated overtime/may travel

U. S. Small Business Administration

Fort Worth, TX 76155

Fax 817-684-5621 or Email: da3.hr@sba.gov

EOE / Veterans must submit DD-214

Card Services

May 25, 2005

PETER O ONYEBUCHI
APT 224
2111 WASHINGTON CIR
ARLINGTON, TX 76011-3304

RE: 05144730300B099

Dear PETER O ONYEBUCHI:

Thank you for your recent application for a Platinum Card account. We regret we are unable to approve your request at this time. Your application was processed using a credit scoring system. The principal reason(s) for our decision are:

Unpaid charged-off account(s)

In reaching our decision, we relied on information contained in the consumer credit file from the consumer credit reporting agency: Trans Union, Credit Bureau Request, Po Box 1000, Chester, Pa 19022, (800) 888-4213. The consumer credit reporting agency did not make the credit decision and is unable to provide you with the specific reasons for our decision. Please contact the credit reporting agency for instructions on obtaining a free copy of your credit file. If you provide the agency with a copy of this letter within 60 days, they will send you a free copy of your consumer credit report. You have the right to dispute the accuracy or the completeness of any information in your report using the dispute resolution procedures accompanying your request.

As a result of our decision, any balance transfer requests included with your credit application will not be processed.

Thank you for your interest in our credit card program. If you have additional information which could lead to reconsideration of your request, please contact our office.

Sincerely,

Deborah Webster

Deborah Webster
Senior Vice President
Consumer Lending
302.741.1825

12B/NATACP054/PLC/0456004999

CORRESPONDENCE MAILING ADDRESS

Bank of America, Credit Operations, No. AZ9-504-02-01, P.O. Box 53143, Phoenix, AZ 85072-3143.

EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, sex, marital status, national origin, or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income is derived from any public assistance program, or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning the creditor, Bank of America, N.A. (USA), is the Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3450, Houston, Texas 77010-9050.

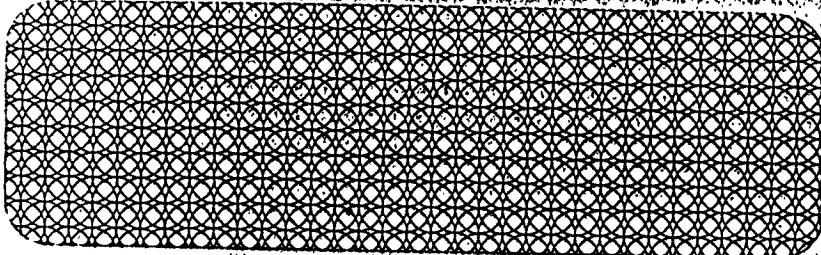
Card Services

redit Operations AZ9-504-02-01

ost Office Box 52302 Phoenix, AZ 85072-2302

FIRST CLA
PRESORT
U.S. POSTA
PAID
MAIL CENT

ADDRESS SERVICE REQU



To: Attorney
Attorney Denial of

EJCHAPL

Exhibit 3

[New Window](#) | [Help](#) | [Customize Page](#) | [http://](#)
Paycheck Summary**Summary Information**

Onyebuchi,Peter

ID: 271550

Company: 183

Earnings:

104.80

Empl Rcd#:

0

Pay Group: 212

Taxes:

8.02

Form ID:

HRBCHK

Pay Period End: 02/28/2003

Deductions:

0.00

Check #:

2188062

Sep Chk #:

Net Pay:

96.78

Off Cycle ? **▼ Earnings**
[Find](#) | [View All](#) First 1 of 1

Begin Date: 02/15/2003

End Date: 02/28/2003

Rate Code Hours

Rate:

Earnings

Hourly Rate:

8.00000C

Regular:

FLSA Rate:

Overtime:

Shift/Rate: N /

Reg Earns:

State: TX

Rate Used: Hrly Rt.

Locality:

Other Earnings
[Customize](#) | [Find](#) |
[First](#) 1 of 1 [Last](#)

Code

Description

Rate Code

Hours

Rate Used

Amount

REG

Regular Wages

13.10

104.80

▼ Deductions
[Customize](#) | [Find](#) |
[First](#) 1 of 1

Ben Rcd# Code

Description

Short Name

Am

0

▼ Taxes

State Tax Entity

Resident Tax Class

Tax Amount

Taxable Gross

Locality

104.80

US Federal OASDI/EE 6.50 104.80

US Federal OASDI/ER 6.50 104.80

US Federal MED/EE 1.52 104.80

US Federal Withholding 104.80

US Federal Med/ER 1.52 104.80

US Federal Unempl ER 0.83 104.80

TX State Unempl ER 2.83 104.80

 [Return to Search](#) [Next In List](#) [Previous In List](#) [Notify](#)
Exhibit C

Consumer Membership Services, Inc.
2700 West Plano Parkway, Plano, Texas 75075-8200

Capital One
Payment Protection
UNEMPLOYMENT
1-888-527-6904

PETER ONYEBUCHI
P.O. Box 202518
Arlington, TX 76006-8518

Account # 4388642065618699

Note: Attached Texas Workforce Commission Statement

Phone # 817-275-7416
Social Security # 233-15-0675

Date of Birth 3-20-52

Please complete this form in full. Items left blank could cause a delay in processing your claim.

Employer H & R Block Phone 817-468-2434
Address 3415 S. Cooper, #140, ARLINGTON TX 76015
Occupation TAX ASSOCIATE Hours worked a week 20
Date employed 12/1/02 Date last worked 2/20/03
Registered with unemployment office or agency? Yes ✓ No _____ Date registered 2/21/03
Agency Texas Workforce Commission Phone # 817 557 8520
Have you returned to work? Yes ✓ No _____ Date returned to work 1/1/03

I declare the above answers to be true and correct to the best of my knowledge and belief.

Account Owner signature [Signature] Date 3/25/03

Instructions

Have your employer complete Section 1. Have your State Unemployment Office or Employment Agency complete Section 2, or you may submit copies of your State Unemployment check stubs or other formal records. If you are unemployed due to a strike, have a Union Official complete Section 2.

(1) Employer Statement

Name of employee _____ SS# _____
Date employed 1/1/03 Full Time _____ Part-Time _____ Hours per week _____
Date last worked 1/1/03
Reason for unemployment _____
Name of Company _____ Phone # _____
Employer Signature _____ Title _____ Date 1/1/03

(2) Agency Statement

Name of Applicant _____
Date registered with agency 1/1/03 Phone # _____
Comments _____
Signature _____ Title _____ Date 1/1/03

Payment *protection*

04-10-03

PETER ONYEBUCHI
PO BOX 202518
ARLINGTON TX 76006-8518

Claim Number CY0356804

Dear PETER ONYEBUCHI

Thank you for sending your request for unemployment benefits.
Additional information is needed to process your claim.

In order to consider benefits, we need verification that you worked full time prior to your date of loss. This verification can be a copy of your last paycheck stub. I have enclosed a return envelope for your convenience.

Once this information is received, your claim will receive our prompt attention. If you have any questions, please contact us at the address or phone number shown.

Sincerely,

Credit Protection Claims Services

Note: Last day of employment 2/21/03
Laid off due to business decline.
Again check with Texas Workforce Commission.
Enclosed Last check Stub.

Peter
4/17/03

H&R BLOCK

H&R Block Employment Verification
866-842-3373 (Phone)
866-207-1731 (Fax)

4273526

Employee Name:	Peter Onyebuchi
Employee Status:	Inactive
Full/Part Time:	Full Time
Seasonal/Regular Associate:	Seasonal
Hourly/Salary:	Bi-weekly
Job Code/Title:	Tax Professional II
Date of Hire:	11/26/2002
Date of Termination:	4/19/2003

H&R Block Representative:

Jan Jelchin 2-11-2005
Client Relations Representative II

H&R BLOCK®

4273526

Employee Membership Services, Inc.

Fax

To: Peter Onysbuchi
Fax: 214-221-6766
Phone: 817-23-9057
Ref: Employment verification
Date: 2/11/2005

From: H&R Block Payroll (VOE)
Fax: 866-207-1731
Phone: 866-842-3373
Pages: 2 Including cover
Cc:

Urgent

X For Review

Please Comment

Please Reply

Please Recycle

State this form in full name

11-110

001/003

Reason for unemployment

EMPLOYMENT INFORMATION

Employer can choose Section 1. Have your state unemployment office check off Section 2, or voluntary submit copies of your state unemployment office's stamp or signature. If you are unemployed due to a strike, lockout or other factor, check off Section 3.

02/14/2005 10:31 FAX 972-236-3973

HONEST

MORAL

H&R BLOCK

tax and financial services

February 20, 2003

Peter Onyebuchi
1804 Van Buren Drive
Arlington, Texas 76011

Dear Peter,

Thank you for your contribution to the H&R Block team effort during the tax season in the Collins St. Office. We appreciate you being part of our team and ask that you apply again next tax season. As you know, each tax season when peak is over our business begins to decline. As a result, we must adjust our staffing needs to meet reduced business demands.

It is the Company's policy to review associate performance at this time and to make employment decisions based on performance and business needs, including tax preparation skills, flexibility and availability for work. Some associates may be placed on lay off status and return to work should business increase prior to the end of the tax season. Other associates will not be needed prior to the end of the tax season and their employment will end.

Block does not anticipate that you will be needed to work during the remainder of the tax season. Your last day of employment will be Friday, February 21, 2003.

If you have any questions, please contact Carol, Office Leader or let me know.

Sincerely,

Lena Baca
Lena Baca

District Manager
lbaca@hrblock.com



PETER ONYEBUCHI
PO BOX 202518
ARLINGTON TX 76006-8518

ACCOUNT NUMBER: 4388642065618699

PROTECTION EFFECTIVE DATE: 07/15/02

Dear Accountholder,

We are glad you're part of the growing family of Payment Protection customers. The enclosed information outlines the details of your program.

Please review the attached Addendum to learn about the benefits Payment Protection provides for your Capital One credit card account. Take up to thirty days to review your benefits with no obligation.

If you should ever experience one of the losses covered by this plan, Capital One will make payment on your eligible balance. Remember, you pay nothing for this protection when there is no month-ending balance on your account. And when you do have a month-ending balance, your monthly fee for this protection will be conveniently billed to your Capital One credit card account. Please review your Addendum for more details on how these features can work for you.

If you have any questions about your coverage or wish to cancel, our courteous, customer service representatives will be happy to help you. Just call 1-888-527-6904 for assistance, Monday - Friday, 8:00 a.m. until 7:00 p.m. CST.

Your good credit rating is worth protecting. Congratulations on making a wise financial decision.

Sincerely,

A handwritten signature in black ink that reads "J. Alan Berson".

J. Alan Berson
Capital One

P.S. We recommend that you keep your agreement in a safe place with your other important papers. We also suggest that you let another family member know where you keep them in case of an emergency.

EXHIBIT "E"

Administered by: Consumer Membership Services, Inc.
2700 West Plano Parkway • Plano, Texas 75075-8200

Credit Card Payments and Information:

Capital One Bank • P.O. Box 85147 • Richmond, VA 23285-5147

ML0053W-95-3494

EXHIBIT B

**CAPITAL ONE® BANK
PAYMENT PROTECTION (\$0.89/\$100)**

This is an Addendum to your Capital One Bank Customer Agreement.

As used in this Addendum, "You" or "Your" means either the primary cardholder (the first name that appears on your monthly Account statement) or the secondary cardholder (the second name that appears on your monthly Account statement). The primary and secondary cardholders may each qualify for benefits payments under PAYMENT PROTECTION, and are each responsible for compliance with the terms and conditions of this Addendum, as described herein.

BENEFITS

Benefit Payments

If you qualify under the specific terms and conditions set forth below, PAYMENT PROTECTION will make a benefit payment on your behalf to Capital One, in the amount of the minimum monthly payment due on your eligible balance, up to your Total Credit Limit, plus the monthly charge for enrollment in PAYMENT PROTECTION. Such benefit payment is payable each month that your unemployment or disability continues.

Eligible Balance

Your eligible balance is the balance on your Account each month as long as you continue to be eligible under PAYMENT PROTECTION, up to the amount of your Total Credit Limit or \$10,000, whichever is less. The eligible balance includes purchases, cash advances, finance charges, and any other charges added to the Account after the date you become eligible for benefit payments, the date of loss.

Inability To Work

If you become unable to work through (i) involuntary termination or (ii) temporary disability, and remain unemployed or unable to work due to a temporary disability for at least 30 consecutive days, PAYMENT PROTECTION will make benefit payments, subject to the limitations in this "Inability To Work" section, for up to twelve consecutive months while you remain unemployed or unable to work due to a temporary disability. These benefits shall be applicable back to the billing cycle during the date of loss.

To be eligible for benefit payments, you must be gainfully employed by someone other than yourself or another cardholder on your Account on a full-time basis in a non-seasonal occupation when the loss of employment or disability occurs. Loss of employment cannot be a result of retirement.

If your inability to work is due to unemployment, upon our request, you must furnish initial documentation of your loss of employment, as well as periodic confirmation of your continued unemployment and eligibility for this benefit. If your inability to work is due to temporary disability, you must be physically unable to perform any work or service for wages, gain, or profit. You must also be regularly attended by a licensed physician who must certify your continued disability each month. If the primary and the secondary cardholder are both eligible at the same time for benefit payments due to their inability to work, only one such benefit payment will be made.

Loss of Life; Total and Permanent Disability

If you die or become totally and permanently disabled, PAYMENT PROTECTION will pay off your eligible balance as of the date of death or total and permanent disability, up to the amount of your Total Credit Limit, or \$10,000, whichever is less. Total and permanent disability means that you can no longer and will likely never be able to engage in any substantial activity required for wages, gain, or profit. Total and permanent disability as a result of self-inflicted injuries is not included in this benefit. If the deaths of the primary and the secondary cardholder occur as a result of the same event, only one death benefit will be paid.

ADDITIONAL BENEFITS

Continued Card Usage

You may continue to use your credit card even if PAYMENT PROTECTION is making benefit payments on your behalf.

Account Status

Your eligibility for and receipt of benefit payments will not have an adverse effect on your Account status with Capital One, including the interest rate and annual membership fee, if applicable. If your account has been permanently restricted or charged-off when we receive your Notice of Claim, however, your account status will remain permanently restricted or charged-off even as we make benefit payments on your behalf.

Fee Waivers

(i) *Before loss.* You are responsible for past due and overlimit fees incurred on your Account before the date of loss.

(ii) *As a result of loss.* If you are eligible for benefit payments and file a valid Notice of Claim, Capital One will reassess your account status as of the date of loss and going forward to the date you become eligible. If the amount of the benefit payment would have prevented your Account from being charged past due or overlimit fees in that period of time, PAYMENT PROTECTION will pay those fees on your behalf.

(iii) *After loss.* You are responsible for overlimit fees incurred on your Account after the date of loss that are not credited in (ii) above.

Reporting To Credit Bureaus

If, as a result of your receiving benefit payments, the status of your Account improves between the date of loss and the date you file a valid Notice of Claim, Capital One will notify the three major credit bureaus, so that your credit history can be updated. This additional benefit is subject to the provisions of "Account Status" above.

TERMINATION

PAYMENT PROTECTION is effective as of the date your request for such protection is received by us and will continue in effect as long as you pay the monthly cost, unless one of the following events occurs: (i) you request termination of PAYMENT PROTECTION; (ii) your Account is closed or suspended by Capital One or you, or your Account becomes three billing cycles delinquent, as defined by your Customer Agreement; (iii) PAYMENT PROTECTION makes a benefit payment for death or total and permanent disability of the primary

cardholder; or (iv) we notify you that PAYMENT PROTECTION is no longer in effect.

If PAYMENT PROTECTION is making benefit payments at the time of termination, we will continue to make such benefit payments under the terms applicable as of the date on which we began making the benefit payments.

GENERAL INFORMATION

Past Losses

PAYMENT PROTECTION does not protect you against losses arising from events predating its initial purchase. For example, if you enroll in PAYMENT PROTECTION while you are unemployed, you are not eligible to receive benefits for such period of unemployment.

Prior Balances, Fees and Charges

Even if PAYMENT PROTECTION is making benefit payments, your responsibility to pay Capital One for (i) the purchases made or cash advances received on your Account, and (ii) past due or overlimit charges incurred on your Account prior to the date of loss, is not eliminated or reduced.

Cost

The monthly cost for PAYMENT PROTECTION will be \$0.89 per \$100 of the balance due on your Account each month. The cost will be charged directly to your Account each month.

Notice of Claim

If you incur a loss covered by PAYMENT PROTECTION, you must file a Notice of Claim with the Administrator for PAYMENT PROTECTION, Consumer Membership Services, Inc., at 1-888-527-6904, within 12 months after the date of loss in order to be eligible for benefit payments. You are responsible for the minimum payment due on your Account, as described in your Customer Agreement, until we receive a valid Notice of Claim, as described above. You will not be eligible for benefit payments, however, if your Account has been terminated at the time you file a Notice of Claim.

30 Day Look

If you change your mind and no longer wish to be enrolled in PAYMENT PROTECTION, please contact Consumer Membership Services, Inc., at the toll-free number listed above. If you do so within 30 days of the effective date of your PAYMENT PROTECTION plan, your Account will be credited for the amount of any fee charged for PAYMENT PROTECTION.

Consumer Membership Services, Inc.
2700 West Plano Parkway, Plano, Texas 75075-8200

EXHIBIT A

Capital One
Payment Protection
UNEMPLOYMENT
1-888-527-6904

CAP-00002

PETER ONYEBUCHI
P.O. Box 202518
Arlington, TX 76006-8518

Claim # CY0356804

Account # 4388642065618699

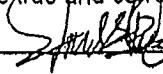
Note:- Actively Searching for work

Phone # 817-275-7466 Date of Birth 3-20-52
Social Security # 233-15-0675

Please complete this form in full. Items left blank could cause a delay in processing your claim.

Employer H & R Block Phone 817-468-2434
Address 3415 S. Cooper #140, Arlington TX 76015
Occupation Tax Associate Hours worked a week Left worked 20
Date employed 12/1/02 Date last worked 2/20/03 Due to Busines
Registered with unemployment office or agency? Yes No Date registered 2/21/03
Agency TEXAS WORKFORCE COMMISSION Phone # 817-557-8520
Have you returned to work? Yes No Date returned to work 1/1/03

I declare the above answers to be true and correct to the best of my knowledge and belief.

Account Owner signature  Date 5/27/03

Instructions

Have your employer complete Section 1. Have your State Unemployment Office or Employment Agency complete Section 2, or you may submit copies of your State Unemployment check stubs or other formal records. If you are unemployed due to a strike, have a Union Official complete Section 2.

(1) Employer Statement

Name of employee _____ SS# _____
Date employed 1/1/03 Full Time _____ Part-Time _____ Hours per week _____
Date last worked 1/1/03
Reason for unemployment _____
Name of Company _____ Phone # _____
Employer Signature _____ Title _____ Date 1/1/03

(2) Agency Statement

Name of Applicant Peter Onyebuchi
Date registered with agency 1/1/03 Phone # 817-557-8520
Comments _____
Signature _____ Title _____ Date 5/27/03

Note: Attached Texas workforce commission claim # CY0356804

Capital One Cardholder, A Premium KwikStamp™ Has Been Reserved For You!

- Refillable ink cartridge
- Use anytime, anywhere
- Limited lifetime warranty
- Self-inking—No more messy ink pads!
- Thousands of clear impressions without re-inking

Please send me a Kwik Stamp® using my name and address as they appear on my statement, and ship to that address. Please charge my Capital One® account.

I authorize Capital One to forward this coupon, which includes my account number for billing purposes, on my behalf to J-O Direct, Inc., which provides this product.

Account number: 4388642065618699

Expires: / FOR
CapitalOne
CARDHOLDERS

Customer's
Signature _____

(Valid only with full signature)

200323

Order additional Kwik Stamps on back. • Detach at perforation and return in your remittance envelope



PETER ONYEBUCHI
PO BOX 202518
ARLINGTON TX 76006-8518

003-0902

CapitalOne®

VISA GOLD ACCOUNT

4388-6420-6561-8699

AUG 06 - SEP 05, 2002

Page 1 of 1

Account Summary

Previous Balance	\$1,580.39
Payments, Credits and Adjustments	\$285.90
Transactions	\$130.30
Finance Charges	\$18.51
 New Balance	 \$1,413.30
Minimum Amount Due	\$43.00
Payment Due Date	October 05, 2002
Total Credit Line	\$2,000
Total Available Credit	\$556.70
Credit Line for Cash	\$1,000
Available Credit for Cash	\$556.70

Payments, Credits and Adjustments

1 06 AUG	BALANCE ADJUSTMENT	\$219.90-
2 22 AUG	MONTHLY MEMBERSHIP FEE ADJUSTMENT	6.00-
3 29 AUG	PAYMENT RECEIVED - THANK YOU	60.00-

At your service

To call Customer Relations or to report a lost or stolen card:
1-800-903-3637

For free online account service and special customer offers, log on to:
www.capitalone.com

Send payments to:
Attn: Remittance Processing
Capital One Services
P.O. Box 60000
Seattle, WA 98190-6000

Send inquiries to:
Capital One Services
P.O. Box 85015
Richmond, VA 23285-5015

Important Account Information

Capital One is a proud sponsor of the 54th Annual Primetime Emmy Awards Telecast. Tune in Sunday, September 22nd on NBC from 8-11 p.m. ET (7-10 p.m. CT) to see the talent you've enjoyed over the past season unite to celebrate another year of groundbreaking work in television. Capital One wants you to be a part of the excitement! Check out Capital One's ad in the September 13th issue of People magazine, or visit People.com for more details.

EXHIBIT "F"

Finance Charges

Please see reverse side for important information

	Balance rate applied to	Periodic rate	Corresponding APR	FINANCE CHARGE
PURCHASES	\$1,463.04	.04082%	14.90%	\$18.51
CASH	\$0.00	.04082%	14.90%	\$0.00

ANNUAL PERCENTAGE RATE applied this period

14.90%

ESPECIALLY FOR CAPITAL ONE® CARDHOLDERS

PETER ONYEBUCHI,*let your home open the door to cash.***ATTENTION ALL HOMEOWNERS:** Take control of your finances by refinancing your home!

Ever wonder where you'll get the money for next month's bills? At Full Spectrum[®] Lending, we specialize in helping homeowners with less-than-perfect credit. Our refinancing solution could help reduce your mortgage payment, add cash to your wallet—or both!* So, whether you have an adjustable- or fixed-rate home loan, we may be able to help you:

- ⇒ Get cash to consolidate debts!
- ⇒ Reduce your monthly mortgage payment!
- ⇒ Put extra cash in your pocket!

Call today and take advantage of current low interest rates! At Full Spectrum Lending, we believe your future is more important than your past.

Full Spectrum Lending
A MEMBER OF THE COUNTRYWIDE FAMILY

For more information, with no obligation, call **1-800-832-4992** or visit our Web site at www.capitalone.com/freshstart.

*Refinancing or taking out a home equity line of credit may increase the total number of monthly payments and the total amount paid when comparing to your current situation.

CapitalOne*

VISA GOLD ACCOUNT

DEC 06, 2002 - JAN 05, 2003

Page 1 of 1

Account Summary

Previous Balance	\$1,888.60
Payments, Credits and Adjustments	\$60.00
Transactions	\$101.77
Finance Charges	\$24.54
New Balance	\$1,954.91
Minimum Amount Due	\$58.00
Payment Due Date	February 05, 2003
Total Credit Line	\$2,000
Total Available Credit	\$45.09
Credit Line for Cash	\$1,000
Available Credit for Cash	\$45.09

Payments, Credits and Adjustments

1	02 JAN	PAYMENT RECEIVED - THANK YOU	\$60.00
Transactions			
2	05 DEC	SACK N SAVE #209 BENFORD TX	\$19.74
3	23 DEC	PSI EXAMS.COM GLENDALE CA	59.00
4	05 JAN	CAPITAL ONE MONTHLY MEMBER FEE	6.00
5	05 JAN	PAYMENT PROTECTION 1-888-527-6904	17.03

At your service

To call Customer Relations or to report a lost or stolen card:
1-800-903-3637

For free online account service and special customer offers, log on to:
www.capitalone.com

Send payments to:	Send inquiries to:
Attn: Remittance Processing	Capital One Services
Capital One Services	P.O. Box 85015
P.O. Box 60000	Richmond, VA 23285-5015
Seattle, WA 98190-6000	

Important Account Information

For service in Spanish, please call (800) 929-8137. Para servicio en Español, por favor marque 800-929-8137.

G
EXHIBIT 11

Finance Charges

Please see reverse side for important information

	Balance rate applied to	Periodic rate	Corresponding APR	FINANCE CHARGE
PURCHASES	\$1,939.23	.04082%	14.90%	\$24.54
CASH	\$.00	.04082%	14.90%	\$.00

ANNUAL PERCENTAGE RATE applied this period

14.90%

▼ PLEASE RETURN PORTION BELOW WITH PAYMENT. ▼

Account Summary

Previous Balance	\$2,022.05
Payments, Credits and Adjustments	\$60.00
Transactions	\$23.52
Finance Charges	\$16.92
New Balance	\$2,002.49
Minimum Amount Due	\$60.00
Payment Due Date	April 05, 2003
Total Credit Line	\$2,000
Total Available Credit	\$0.00
Credit Line for Cash	\$1,000
Available Credit for Cash	\$0.00

At your service

To call Customer Relations or to report a lost or stolen card:
1-800-903-3637

For free online account service and special customer offers, log on to:
www.capitalone.com

Send payments to:
Attn: Remittance Processing
Capital One Services
P.O. Box 60000
Seattle, WA 98190-6000

Send inquiries to:
Capital One Services
P.O. Box 85015
Richmond, VA 23285-5015

Important Account Information

For service in Spanish, please call (800) 929-8137. Para servicio en Español, por favor marque 800-929-8137.

Payments, Credits and Adjustments

1	03 MAR	PAYMENT RECEIVED - THANK YOU	\$60.00
<u>Transactions</u>			
2	05 MAR	CAPITAL ONE MONTHLY MEMBER FEE	\$6.00
3	05 MAR	PAYMENT PROTECTION 1-888-527-6904	17.52

Capital One has joined with Progressive Auto Insurance so they can provide you a fast, free rate quote with no obligation! Call 1-877-397-5374! You could save \$400* by comparing rates. Mention code P700. *Possible savings based on rate variance of annualized comparison rates calculated by Progressive on calls received from 6/1/01-12/31/01 (excluding variances greater than \$1000). Rates and actual savings will vary based on driving record, vehicle, address and other factors.

Auto Rental Insurance - Coverage for collision damage or theft with card purchase of auto rental. Certain restrictions and conditions apply. Warranty Manager - Doubles manufacturer's written U.S. repair warranty up to one year on warranties of three years or less. Certain restrictions and conditions apply. Register your purchases by phone or online. Go to www.visa.com/benefits or call 1-800-955-7070 now for complete benefit information.

Finance Charges

Please see reverse side for important information

	Balance rate applied to	Periodic rate	Corresponding APR	FINANCE CHARGE
PURCHASES	\$2,024.00	.02986%	10.90%	\$16.92
CASH	\$0.00	.05425%	19.80%	\$0.00

— ANNUAL PERCENTAGE RATE applied this period

10.90%

▼ PLEASE RETURN PORTION BELOW WITH PAYMENT. ▼

EXHIBIT

"H"

[Handwritten signature]



VISA GOLD ACCOUNT

4388-6420-6561-8699

MAR 06 - APR 05, 200

Page 1 of

Account Summary

Previous Balance	\$2,002.49
Payments, Credits and Adjustments	\$.00
Transactions	\$52.88
Finance Charges	\$18.62
New Balance	\$2,073.99
Minimum Amount Due	\$122.00
Payment Due Date	May 05, 2003
Total Credit Line	\$2,000
Total Available Credit	\$.00
Credit Line for Cash	\$1,000
Available Credit for Cash	\$.00

At your service

To call Customer Relations or to report a lost or stolen card:
1-800-903-3637

For free online account service and special customer offers, log on to:
www.capitalone.com

Send payments to:
Ann. Remittance Processing
Capital One Services
P.O. Box 60000
Seattle, WA 98190-6000

Send inquiries to:
Capital One Services
P.O. Box 85015
Richmond, VA 23285-5015

Important Account Information

For service in Spanish, please call (800) 929-8137. Para servicio en Español, por favor marque 800-929-8137.

Payments, Credits and Adjustments

Your scheduled payment has not been received. Please remit the amount due appearing on this statement. If you have already made your payment, please accept our thanks.

Transactions

1	05 APR	CAPITAL ONE MONTHLY MEMBER FEE	\$0.00
2	05 APR	PAST DUE FEE	29.00
3	05 APR	PAYMENT PROTECTION 1-888-527-6904	17.81

Capital One has joined with Progressive Auto Insurance so they can provide you a fast, free rate quote with no obligation! Call 1-877-397-5374! You could save \$400* by comparing rates. Mention code P700. *Possible savings based on rate variance of annualized comparison rates calculated by Progressive on calls received from 6/1/01-12/31/01 (excluding variances greater than \$1000). Rates and actual savings will vary based on driving record, vehicle, address and other factors.

You were assessed a past due fee of \$29.00 on 04/05/2003 because your minimum payment was not received by the due date of 04/05/2003. To avoid this fee in the future, we recommend that you allow at least 7 business days for your payment to reach Capital One.

Finance Charges

Please see reverse side for important information

	Balance rate applied to	Periodic rate	Corresponding APR	FINANCE CHARGE
PURCHASES	\$2,011.67	.0298696	10.90%	\$18.62
CASH	\$.00	.05425%	19.80%	\$.00

— ANNUAL PERCENTAGE RATE applied this period

10.90%

▼ PLEASE RETURN PORTION BELOW WITH PAYMENT. ▼

16193M

Exhibit "F"



VISA GOLD ACCOUNT

4388-6420-6561-8699

MAY 06 - JUN 05, 2003

Page 1 of 1

Account Summary

Previous Balance	\$2,175.67
Payments, Credits and Adjustments	\$0.00
Transactions	\$83.67
Finance Charges	\$39.00
New Balance	\$2,298.34
Minimum Amount Due	\$298.34
Payment Due Date	July 05, 2003
Total Credit Line	\$2,000
Total Available Credit	\$0.00
Credit Line for Cash	\$1,000
Available Credit for Cash	\$0.00

At your service

To call Customer Relations or to report a lost or stolen card:
1-800-903-3637

For free online account service and special customer offers, log on to:
www.capitalone.com

Send payments to:
 Attn: Remittance Processing
 Capital One Services
 P.O. Box 60000
 Seattle, WA 98190-6000

Send inquiries to:
 Capital One Services
 P.O. Box 85015
 Richmond, VA 23285-5015

Payments, Credits and Adjustments**Transactions**

1	06 MAY	OVERLIMIT FEE	\$29.00
2	05 JUN	CAPITAL ONE MONTHLY MEMBER FEE	6.00
3	05 JUN	PAST DUE FEE	29.00
4	05 JUN	PAYMENT PROTECTION 1-888-527-6904	19.67

******You are a valued Payment Protection customer and may be eligible for benefits to be paid to your account in cases of disability, unemployment, and death. If you have experienced one of these events, please call Consumer Membership Services at 1-888-527-6904 to see if your situation qualifies for a claim. Your account is 60 days past due and your coverage will be suspended if it reaches 90 days past due, as stated in your Payment Protection agreement.

****Important Notice**** Your account terms have been adjusted as disclosed in your original offer. All other terms and conditions remain in full force and effect.

You were assessed a past due fee of \$29.00 on 06/05/2003 because your minimum payment was not received by the due date of 06/05/2003. To avoid this fee in the future, we recommend that you allow at least 7 business days for your payment to reach Capital One.

Finance Charges

Please see reverse side for important information

	Balance rate applied to	Periodic rate	Corresponding APR	FINANCE CHARGE
PURCHASES	\$2,223.67	.05658% P	20.65%	\$39.00
CASH	\$0.00	.05658% P	20.65%	\$0.00

ANNUAL PERCENTAGE RATE applied this period

20.65%

▼ PLEASE RETURN PORTION BELOW WITH PAYMENT. ▼



0000000 0 4388642065618699 05 2298340060000298345

New Balance	\$2,298.34
Minimum Amount Due	\$298.34
Payment Due Date	July 05, 2003
Total enclosed	\$ <input type="text"/>
Account Number:	4388-6420-6561-8699

Please print mailing address and/or e-mail changes below using blue or black ink

Street	Apt. #
City	State ZIP
Home Phone	Alternate Phone @
Email Address	

Capital One Services
 P.O. Box 60000
 Seattle, WA 98190-6000

034731



#9015767280125244# MAIL ID NUMBER

PETER ONYEBUCHI
 PO BOX 202518
 ARLINGTON TX 76006-8518

EXHIBIT "J"

Your account is delinquent.

We want to help!



Take Action!
Call Today!

- To protect your credit with us, you need to make a payment.
- We can help—but only if you call us.
- When you call, you can make a free check-by-phone payment.

Return your account to good standing.
It's up to you to take the first step.
Call us!

1-800-479-7231

013-1102

CapitalOne®

VISA GOLD ACCOUNT

4388-6420-6561-8699

JUN 06 - JUL 05, 2003

Page 1 of 1

Account Summary

Previous Balance	\$2,298.34
Payments, Credits and Adjustments	\$0.00
Transactions	\$84.77
Finance Charges	\$39.83
New Balance	\$2,422.94
Minimum Amount Due	\$422.94
Payment Due Date	August 05, 2003
Total Credit Line	\$2,000
Total Available Credit	\$0.00
Credit Line for Cash	\$1,000
Available Credit for Cash	\$0.00

Payments, Credits and Adjustments

Transactions

06 JUN	OVERLIMIT FEE	\$29.00
05 JUL	CAPITAL ONE MONTHLY MEMBER FEE	6.00
05 JUL	PAST DUE FEE	29.00
05 JUL	PAYMENT PROTECTION 1-888-527-6904	20.77

Your account is 90 days past due and your Payment Protection coverage has been suspended. As stated in your Payment Protection agreement, your coverage and monthly charge will be reinstated once your account is no longer 90 days past due. You may still be eligible for benefits to be paid to your account in cases of disability, unemployment, and death. Call Consumer Membership Services at 1-888-527-6904 to see if your situation qualifies for a claim.

You were assessed a past due fee of \$29.00 on 07/05/2003 because your minimum payment was not received by the due date of 07/05/2003. To avoid this fee in the future, we recommend that you allow at least 7 business days for your payment to reach Capital One.

At your service

To call Customer Relations or to report a lost or stolen card:

1-800-903-3637

For free online account service and special customer offers, log on to:
www.capitalone.com

Send payments to:
Attn: Remittance Processing
Capital One Services
P.O. Box 60000
Seattle, WA 98190-6000

Send inquiries to:
Capital One Services
P.O. Box 85015
Richmond, VA 23285-5015

Please see reverse side for important information

	Balance rate applied to	Periodic rate	Corresponding APR	FINANCE CHARGE
PURCHASES	\$2,346.73	.05658% P	20.65%	\$39.83
CASH	\$0.00	.05658% P	20.65%	\$0.00

ANNUAL PERCENTAGE RATE applied this period

20.65%

▼ PLEASE RETURN PORTION BELOW WITH PAYMENT. ▼

Exhibit "K"



VISA GOLD ACCOUNT

4388-6420-6561-8699

AUG 06 - SEP 05, 2003

Page 1 of 1

Account Summary

Previous Balance	\$2,530.30
Payments, Credits and Adjustments	\$232.00
Transactions	\$35.00
Finance Charges	\$45.14
New Balance	\$2,378.44
Minimum Amount Due	\$378.44
Payment Due Date	October 04, 2003
Total Credit Line	\$2,000
Total Available Credit	\$0.00
Credit Line for Cash	\$1,000
Available Credit for Cash	\$0.00

At your service

To call Customer Relations or to report a lost or stolen card:
1-800-903-3637

For free online account service and special customer offers, log on to:
www.capitalone.com

Send payments to:	Send inquiries to:
Attn: Remittance Processing	Capital One Services
Capital One Services	P.O. Box 85015
P.O. Box 60000	Richmond, VA 23285-5015
Seattle, WA 98190-6000	

Important Account Information

Capital One is a proud sponsor of the 55th Annual Primetime Emmy Awards Telecast. Tune in Sunday, September 21st on FOX from 8-11 p.m. ET (7-10 p.m. CT) to see the talent you've enjoyed during the past season unite to celebrate another year of groundbreaking work in television. Capital One wants you to be a part of the excitement! Check out Capital One's ad in the September 12th issue of People Magazine or visit redcarpetweekend.com for more details.

Finance Charges

Please see reverse side for important information

	Balance rate applied to	Periodic rate	Corresponding APR	FINANCE CHARGE
PURCHASES	\$2,573.85	.05658% P	20.65%	\$45.14
CASH	\$0.00	.05658% P	20.65%	\$0.00

ANNUAL PERCENTAGE RATE applied this period

20.65%

▼ PLEASE RETURN PORTION BELOW WITH PAYMENT. ▼



0000000 0 4388642065618699 05 2378440060000378447

New Balance	\$2,378.44
Minimum Amount Due	\$378.44
Payment Due Date	October 04, 2003
Total enclosed	\$ <input type="text"/>
Account Number:	4388-6420-6561-8699

Please print mailing address and/or e-mail changes below using blue or black ink.

Street	Apt. #	
City	State	ZIP
Home Phone	Alternate Phone	
@		
Email Address		

Capital One Services
P.O. Box 60000
Seattle, WA 98190-6000

017494

#9024967280125249# MAIL ID NUMBER
PETER ONYEBUCHI
PO BOX 202518
ARLINGTON TX 76006-8518

Please write your account number on your check or money order made payable to Capital One Services and mail in the enclosed envelope.

Exhibit 1

JS 44 (Rev. 11/04)

CIVIL COVER SHEET

RECEIVED
U.S. DISTRICT COURT

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

I. (a) PLAINTIFFS

PETERONYEBCUCHI

(b) County of Residence of First Listed Plaintiff Tarrant
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorney's (Firm Name, Address, and Telephone Number)

DEFENDANTS

2005 NOV -9 PM 2:26
CAPITAL ONE SERVICES, INC.

CLERK OF COURT

County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE
LAND INVOLVED.

Attorneys (If Known)

4-05CV-710-A

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- | | |
|--|---|
| <input type="checkbox"/> 1 U.S. Government Plaintiff | <input checked="" type="checkbox"/> 3 Federal Question (U.S. Government Not a Party) |
| <input type="checkbox"/> 2 U.S. Government Defendant | <input type="checkbox"/> 4 Diversity
(Indicate Citizenship of Parties in Item III) |

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | | | | | |
|---|---|------------------------------|---|------------------------------|---|
| Citizen of This State | <input checked="" type="checkbox"/> PTF | <input type="checkbox"/> DEF | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> PTF | <input checked="" type="checkbox"/> DEF |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input checked="" type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	PROPERTY	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance	<input type="checkbox"/> PERSONAL INJURY	<input type="checkbox"/> PERSONAL PROPERTY	<input type="checkbox"/> 610 Agriculture	<input type="checkbox"/> 422 Appeal 28 USC 158	<input type="checkbox"/> 400 State Reapportionment
<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 362 Personal Injury - Med. Malpractice	<input type="checkbox"/> 620 Other Food & Drug	<input type="checkbox"/> 423 Withdrawal	<input type="checkbox"/> 410 Antitrust
<input type="checkbox"/> 130 Miller Act	<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 365 Personal Injury - Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881	28 USC 157	<input type="checkbox"/> 430 Banks and Banking
<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 320 Assault, Libel & Slander	<input type="checkbox"/> 368 Asbestos Personal Injury Product Liability	<input type="checkbox"/> 630 Liquor Laws	<input type="checkbox"/> 450 Commerce ---	
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 330 Federal Employers' Liability	<input type="checkbox"/> 370 Other Fraud	<input type="checkbox"/> 640 R.R. & Truck	<input type="checkbox"/> 460 Deportation	
<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 340 Marine	<input type="checkbox"/> 371 Truth in Lending	<input type="checkbox"/> 650 Airline Regs.	<input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations	
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans)	<input type="checkbox"/> 345 Marine Product Liability	<input type="checkbox"/> 380 Other Personal Property Damage	<input type="checkbox"/> 660 Occupational Safety/Health	<input checked="" type="checkbox"/> 480 Consumer Credit ---	
<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits	<input type="checkbox"/> 350 Motor Vehicle	<input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 690 Other	<input type="checkbox"/> 490 Cable/Sat TV	
<input type="checkbox"/> 160 Stockholders' Suits	<input type="checkbox"/> 355 Motor Vehicle Product Liability		<input type="checkbox"/> 710 Fair Labor Standards Act	<input type="checkbox"/> 510 Selective Service	
<input type="checkbox"/> 190 Other Contract	<input type="checkbox"/> 360 Other Personal Injury		<input type="checkbox"/> 720 Labor/Mgmt. Relations	<input type="checkbox"/> 850 Securities/Commodities/ Exchange	
<input type="checkbox"/> 195 Contract Product Liability			<input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act	<input type="checkbox"/> 875 Customer Challenge 12 USC 3410	
<input type="checkbox"/> 196 Franchise			<input type="checkbox"/> 740 Railway Labor Act	<input type="checkbox"/> 890 Other Statutory Actions	
<input type="checkbox"/> REAL PROPERTY	<input type="checkbox"/> CIVIL RIGHTS	<input type="checkbox"/> PRISONER PETITIONS	<input type="checkbox"/> 790 Other Labor Litigation	<input type="checkbox"/> 891 Agricultural Acts	
<input type="checkbox"/> 210 Land Condemnation	<input type="checkbox"/> 441 Voting	<input type="checkbox"/> 510 Motions to Vacate Sentence	<input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 892 Economic Stabilization Act	
<input type="checkbox"/> 220 Foreclosure	<input type="checkbox"/> 442 Employment	<input type="checkbox"/> Habeas Corpus:		<input type="checkbox"/> 893 Environmental Matters	
<input type="checkbox"/> 230 Rent Lease & Ejectment	<input type="checkbox"/> 443 Housing/ Accommodations	<input type="checkbox"/> 530 General		<input type="checkbox"/> 894 Energy Allocation Act	
<input type="checkbox"/> 240 Torts to Land	<input type="checkbox"/> 444 Welfare	<input type="checkbox"/> 535 Death Penalty		<input type="checkbox"/> 895 Freedom of Information Act	
<input type="checkbox"/> 245 Tort Product Liability	<input type="checkbox"/> 445 Amer. w/Disabilities - Employment	<input type="checkbox"/> 540 Mandamus & Other		<input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice	
<input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 446 Amer. w/Disabilities - Other	<input type="checkbox"/> 550 Civil Rights		<input type="checkbox"/> 950 Constitutionality of State Statutes	
	<input type="checkbox"/> 440 Other Civil Rights	<input type="checkbox"/> 555 Prison Condition			

V. ORIGIN

(Place an "X" in One Box Only)

- | | | | | | | |
|---|---|--|---|--|---|--|
| <input checked="" type="checkbox"/> 1 Original Proceeding | <input type="checkbox"/> 2 Removed from State Court | <input type="checkbox"/> 3 Remanded from Appellate Court | <input type="checkbox"/> 4 Reinstated or Reopened | <input type="checkbox"/> 5 Transferred from another district (specify) _____ | <input type="checkbox"/> 6 Multidistrict Litigation | <input type="checkbox"/> 7 Appeal to District Judge from Magistrate Judgment |
|---|---|--|---|--|---|--|

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity): Consumer Protection Act, 15 USC 1681m; Truth in Lending Act, 15 USC 1601-1667

Brief description of cause:

False reporting to Credit Bureaus causing loss of credit and job

VII. REQUESTED IN COMPLAINT:

 CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 DEMAND \$ 150,000.00+ CHECK YES only if demanded in complaint: JURY DEMAND: Yes No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE 1168/SP

DOCKET NUMBER

DATE SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT # 54387 AMOUNT 250

APPLYING IFP

JUDGE A

MAG. JUDGE